

Case Number:	CM14-0041360		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2009
Decision Date:	11/24/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 years old female patient who sustained an injury on 8/6/2009. She sustained the injury when she tripped on a cord resulting in the fracture of the phalanges of the hand. The diagnosis includes wrist joint pain. Per the doctor's note dated 2/19/14 she had complaints of left wrist pain. Her end goal was to taper off MS Contin and Norco completely. The physical examination of the left wrist revealed post-surgical scar, restricted range of motion, tenderness to palpation to the ulnar and radial side, tenderness and palpable screw at mid wrist, swelling without pitting, 4/5 grip strength on the left and decreased sensation to light touch over the left thumb and index finger. The medications list includes MS Contin, Voltaren 1%, Norco, Flector patches, Ambien, and Ibuprofen for maintenance of pain relief. She has undergone left proximal row carpectomy involving the left wrist on 6/11/2010 and left wrist arthroscopy, synovectomy and debridement of triangular fibrocartilage for left radial styloid carpal abutment on 4/8/2011. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg tablet: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs Page(s): 22; 67.

Decision rationale: Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had left wrist pain, swelling and restricted range of motion. NSAIDs are considered first line treatment for pain and inflammation. She was taking ibuprofen without any side effects. In addition, patient had planned for tapering off MS Contin and Norco. The request for Ibuprofen 800mg tablet is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.